

TANF Post Employment Assessment (Atlanta Hospitality Group Unlimited, Inc)

Client's Name:

County : COBB

Client ID:

Employment Date:

Career Coach: Davida Morgan- Washington

EDUCATION/JOB SKILLS/EMPLOYMENT HISTORY

Does the client have a high school diploma or GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this client have education beyond high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client have formal job skills/vocational training? If so, what? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client have a license if one is needed for the employment they seek? Example: CDL, Cosmetology, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client have stable employment history?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will former employers provide a job reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LIFE SKILLS

Does the client consistently go to work and appointments or other activities on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the client is late or absent for an activity/work do they provide notice in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client consistently dress appropriately for work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client consistently get along with other clients, staff, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client accept instruction or correction in an appropriate manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client have the ability to?		
a) Arrange the conditions of their life so that they can consistently be at work on time, work the required hours and perform the job task in a satisfactory manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Consistently interact with supervisors, fellow workers, and others in such a manner that they perform their job tasks in a satisfactory manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MOTIVATION

Does the client express a strong interest in the willingness to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client recognize/acknowledge factors (both internal and external?) that may keep them from maintaining a job and express/demonstrate a willingness to work to overcome their barriers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the client's cooperation with the requirements of DFCS and the employer been good?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the client willing to work 2 nd and 3 rd shift if support services are available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the client willing to consider a variety of jobs and industries, even if some provide less Income and status than previous employment in order to begin on a career path?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client have the willingness to make the changes needed to secure/retain employment and perform the tasks required by the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ACCESS

Does the client lack a reliable means of transportation to consistently get them to work on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client have physical or mental condition that would prevent them from consistently getting to work on time, staying for the required time or performing satisfactory work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client care for a person who has a physical or mental condition that would prevent the client from consistently getting to work on time, staying the required hours, or performing satisfactory work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the client pregnant? (If the client is pregnant, it will most likely be at least 6 weeks after the delivery date before the client is job ready assuming there are no other barriers?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CREDIBILITY

Does the client have a criminal record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would the client's appearance (dress, hair style, body decorations, etc) cause many employers to questions their ability to "fit in" or do the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client have poor oral communication and literacy skills that would deem him/her incompetent to the employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client have unexplained gaps in their work history?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would most employers trust that the client is able to do the job/tasks as assigned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Present Occupation: _____

Employer: _____

Occupation Progression: _____

Action Plans:

- ☐ GED
- ☐ License _____
- ☐ CBT (Computer Based Training)
- ☐ Typing
- ☐ Data Entry/10 Key
- ☐ CPR/First Aid
- ☐ Management Training _____
- ☐ Secondary Education
- ☐ Specialty Training
- ☐ Other _____
- ☐ Certification(s) _____

Career Coach Comments:

Career Coach Signature _____